P07000068098

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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2007 SEP 26 PM 12: 53
SECRETARY OF STATE

Office Use Only

Amend

10-2-07

COVER LETTER

TO: Amendment Section
Division of Corporations

| i- | | |
|--|---|--|
| NAME OF CORPORATION: BREAKTHE | ROUGH NUTRACEUTICALS | CORPORATION |
| DOCUMENT NUMBER: P07000068098 | | |
| The enclosed Articles of Amendment and fee | are submitted for filing. | |
| Please return all correspondence concerning th | is matter to the following: | |
| ESTHER CROWNBORN | | |
| (Name | of Contact Person) | |
| BREAKTHROUGH NUTRA | | |
| (Fi | irm/ Company) | |
| 3001 N ROCKY POINT DRIV | VE EAST, SUITE 200 (Address) | ···· |
| TAMPA, FLORIDA. FL33607 | ` , | |
| (City/ S | State and Zip Code) | Andread Company State Company of the |
| For further information concerning this matter, | please call: | |
| ESTHER CROWNBORN | at () | |
| (Name of Contact Person) | (Area Code & Daytime | Telephone Number) |
| Enclosed is a check for the following amount: | | |
| \$35 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Ci | rcle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



BREAKTHROUGH NUTRACEUTICALS CORPORATION

(Name of corporation as currently filed with the Florida Dept. of State)

| LORIOA |
|--|
| P07000068098 |
| (Document number of corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation: |
| NEW CORPORATE NAME (if changing): |
| (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.") |
| AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) |
| APPOINTMENT OF NEW DIRECTOR |
| New director's name and address: |
| DOMNICK NELSON |
| 1105 Ridgefield Dr |
| Valrico |
| TAMPA, FLORIDA. FL33594 |
| (Attach additional pages if necessary) |
| If an amendment provides for exchange, reclassification, or cancellation of issued shares, provision for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N |
| |
| |
| |

(continued)

| The date of each a | mendment(s) adoption: September 21, 2007 |
|-----------------------------|--|
| Èffective date if <u>ap</u> | eplicable: September 21, 2007 (no more than 90 days after amendment file date) |
| Adoption of Amen | dment(s) (CHECK ONE) |
| | ndment(s) was/were approved by the shareholders. The number of votes cast for adment(s) by the shareholders was/were sufficient for approval. |
| following | ndment(s) was/were approved by the shareholders through voting groups. The g statement must be separately provided for each voting group entitled to vote ly on the amendment(s): |
| "The | number of votes cast for the amendment(s) was/were sufficient for approval by |
| | (voting group) |
| | ndment(s) was/were adopted by the board of directors without shareholder action eholder action was not required. |
| | ndment(s) was/were adopted by the incorporators without shareholder action and der action was not required |
| Signa | (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| | DAVID CROWNBORN |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |

FILING FEE: \$35